

MAIL TO:
Office of the Attorney General
Registry of Charitable Trusts
P.O. Box 903447
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Sacramento, CA 95814
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WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

COMMERCIAL FUND-RAISER FOR CHARITABLE PURPOSES

2002 ANNUAL FINANCIAL REPORT

(California Government Code Section 12599)

Failure to file annual financial report by January 30 annually for each calendar year of solicitation may result in fines or filing penalties as defined in Government Code Section 12586.1

An annual financial report must be filed for each event for each charity solicited for during the previous calendar year.



Name and Address of Commercial Fund-raiser:

1178

THE FUND RAISING GROUP, LLC
562 W. HURON
PONTIAC, MI 48341

Name and Address of Charitable Organization:

CT No. 116499 F.E.I.N. No. 52-2344781

REAL GIFTS FOUNDATION
Name of Charity

1041 Old Bay Bridge Road
Address of Charity

ANNAPOLIS MD 21403
City, State, and ZIP Code of Charity

National Campaign ☐

California Campaign ☒

Real Estate Donations held (on) (from) 7-3, 2002, to 12-31, 2002
(Type of Activity) (Date or dates must be shown)

Is the contract between the commercial fund-raiser and charity based upon a fee or percentage of revenue? (check one)
If other, provide brief explanation _____

Fee ☐ Percentage ☒
Other ☐

1. REVENUE

- A. Cash contributions
- B. Entertainment sales or admission charges
- C. Sales from products
- D. Advertisement sales
- E. Membership fees
- F. Other sources: (Specify)

0 A.
0 B.
0 C.
0 D.
0 E.

- a. _____
- b. _____
- c. _____
- d. _____

_____ Fa.
_____ Fb.
_____ Fc.
_____ Fd.

G. TOTAL REVENUE

0 G.

2. EXPENSES

- A. Fees or commissions
- B. Salaries
- C. Payroll taxes
- D. Employee benefits
- E. Cost of merchandise for resale
- F. Cost of entertainment
- G. Postage
- H. Advertising
- I. Telephone
- J. Rental of equipment
- K. Facilities charge
- L. Permits
- M. Other expenses: (Specify)

_____ A.
_____ B.
_____ C.
_____ D.
_____ E.
_____ F.
_____ G.
_____ H.
_____ I.
_____ J.
_____ K.
_____ L.

- a. _____
- b. _____
- c. _____
- d. _____

_____ Ma.
_____ Mb.
_____ Mc.
_____ Md.

N. TOTAL EXPENSES

0 N.

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3. Amount to Charity 0 3.
4. Less additional fund-raising expenses paid by charity (to be completed by charity) 0 4.
5. Less fair market value of goods and/or services used for the event which were paid by sponsor(s) 0 5.
6. Net proceeds realized by charity from the campaign (subtract lines 4 and 5 from line 3) 0 6.

7. (a) Does any officer, director, partner or owner of the Commercial Fund-raiser have any affiliation with or control over, directly or indirectly, the charitable organization for which the Commercial Fund-raiser has contracted to solicit?

☐ Yes ☒ No If "yes," complete the following:

Name of officer, director, partner or owner of Commercial Fund-raiser	Name and address of charitable organization	Relationship of officer, etc. To charitable organization

- (b) For each affiliation identified in 7 (a), attach copy of the contract between the commercial fundraiser and the charity.

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowl.

Signat

G. MICHAEL TASHIAN Member

Printed Name

Title

Date

This report must be signed by two officers or directors of the charitable organization for verifying the distribution.

Signa

Christopher Lytle

President

2/24/03

Printed Name

Title

Date

Signature of authorized officer/director (Name)

Treasurer / Michael Haves

2-26-03

Printed Name

Title

Date

Attorney General's
Registry of Charitable Trusts

MAR 10 2003

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RECEIVED